MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/787196

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		1					52							
3		2					53							
4	/						54							
5		1					55							
6		2					56							
7		0					57							
8		0					58							
9		0					59							
10	/						60							
11		0					61							
12		0					62							
13	/						63							
14	/						64							
15	/						65							
16	/						66							
17		4					67							
18		0					68							
19		0					69							
20		0					70							
21		0					71							
22		0					72							
23		0					73							
24		0					74							
25		0					75							
26		0					76							
27		0					77							
28		0					78							
29		0					79							
30		0					80							
31		0					81							
32		0					82							
33		0					83							
34		0					84							
35		0					85							
36		0					86							
37		0					87							
38		0					88							
39		0					89							
40		0					90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	7	⇩		⇩		⇦	TOTAL IND.			⇦		⇦		⇦
TOTAL DEP.	39	⇦		⇦		⇦	TOTAL DEP.							
TOTAL CLAIMS	46						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS